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C O U N T Y   B O R O U G H   O F   H A S T I N G S

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A N N U A L   R E P O R T

of the

M E D I C A L   O F F I C E R   O F   H E A L T H

for 1949

G.R. BRUCE, O.B.E., M.A., M.D., D.P.H.

Medical Officer of Health

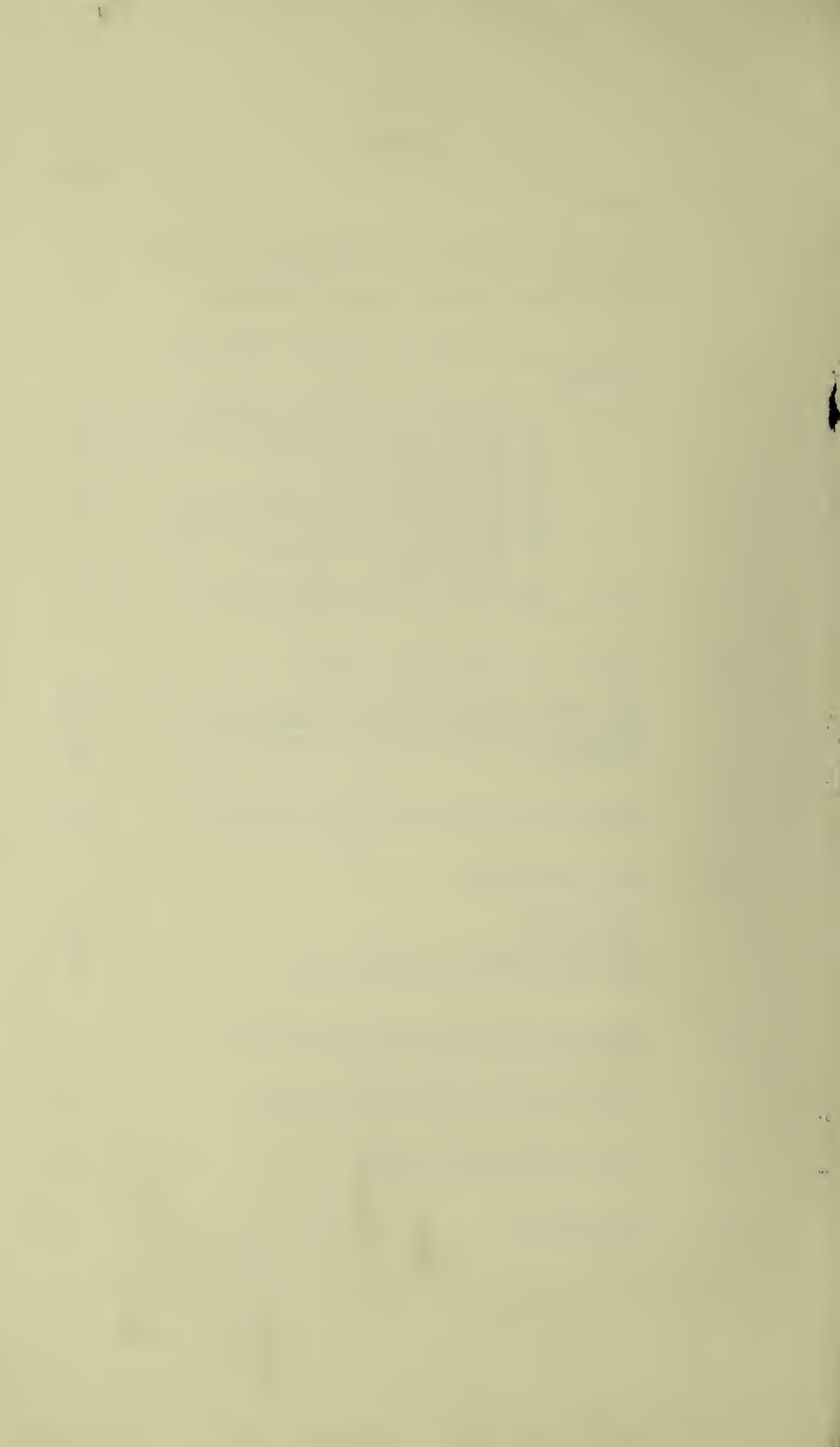
T.H. PARKMAN, M.B., B.S., D.P.H.

Deputy Medical Officer of Health



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1. P R E F A C E

Public Health Department,  
44 Wellington Square,  
HASTINGS.

September, 1950

TO HIS WORSHIP THE MAYOR, AND TO THE ALDERMEN AND  
COUNCILLORS OF THE COUNTY BOROUGH OF HASTINGS.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit the Annual Report on the working of the Health Department for 1949, again curtailed in various respects in accordance with the recommendations of the Ministry of Health. Certain statistical tables, omitted from the report, are available for any future complete health survey.

The crude death rate for 1949 was 16.9 per 1,000 of the population, as corrected by the new factor for correction, 11.49, the corresponding figures for 1948 being, crude 14.9 per 1,000 corrected 9.98 per 1,000.

The birth rate for 1949 was 13.9 per 1,000 of the population, compared with 15.2 in 1948 and 19.1 in 1947, and with 11.1 in 1938. It is obvious, therefore, that the sharp increase in the birth rate, immediately following the war, has definitely been checked, so that the increased number of babies born over the pre-war average has fallen from 400 in 1947 to approximately 125 in 1949.

The infant mortality rate for 1949 was 27.7 per 1,000 infants born, as compared with 35.0 per 1,000 in 1948, and 37.0 per 1,000 for the County Boroughs and Great Towns in 1949. There was again no death from puerperal sepsis, but one death from "other maternal causes", giving a maternal mortality of 1.08 per 1,000 births.

The death rate for tuberculosis in 1949 was .5 per 1,000, as compared with .64 per 1,000 in 1948. It would appear that the gradual pre-war fall in the death rate has been resumed, after an intermission during the war years (1941-1944 inclusive), when the peak death rate in Hastings rose to 1.22 per 1,000 in 1941. It should be noted, however, that in certain industrial districts this fall is still retarded. On the other hand, there is no evidence of a corresponding fall in the incidence of tuberculosis; more early and suspected cases are coming to light and, where necessary are requiring treatment in sanatoria, hospitals or at home. The difficulties of the Regional Hospital Boards in finding institutional accommodation, the large number of unstaffed sanatorium beds, owing to shortage of nursing and domestic staffs, and the long lists of patients waiting for beds in certain districts, are matters of general knowledge and concern. While Hastings has shared in this common difficulty, to some extent, it is fair to state that the situation has not been so acute or the waiting period so prolonged, as in other districts of an industrial type.



The incidence of notifiable infectious diseases in the County Borough of Hastings in 1949 continued to be low; Scarlet Fever, 59 cases, compared with 57 in 1948; Diphtheria, 3 cases, compared with 1 in 1948. Measles was prevalent during most of 1949, with 620 notifications, 45 being admitted to the Isolation Hospital, with only 1 death. Whooping Cough was also fairly prevalent with 90 notifications, 6 cases being admitted to hospital, with 1 death. For the ninth year running there was no death from Diphtheria. The immunisation campaign against Diphtheria has continued, particularly through the auspices of the Health Department; so far, the majority of the immunisations continue to be carried out by the Local Authority medical and nursing staffs at the School Medical and Infant Welfare Centres. It is, of course, open for parents to utilise medical practitioners in the National Health Service list for this purpose. Hastings largely escaped the return, in a mild form in 1948, of the 1947 epidemic of poliomyelitis (infantile paralysis), only two cases being notified in the County Borough, with one death.

The Medical Officer of Health and the Deputy Medical Officer of Health have continued to be responsible for the medical work in connection with the Isolation Hospital and the Tuberculosis or Chest Clinic, and any necessary consultations.

Attention is directed to the detailed report of the Chief Sanitary Inspector with regard to environmental sanitary matters, and in particular, to the care and control of food supplies and to meat inspection; also to propaganda and health education with regard to the hygiene of food and the avoidance of food poisoning, outbreaks of which have become all too frequent in recent years, throughout the country.

In the 1948 Annual Report, much attention was devoted both in the preface and in the report to the inauguration of the National Health Service Act, 1946, on the appointed day July 5th, 1948, particularly to the changes as a whole in the Health Services of the country, the special services under Part III of the Act, for which the Health Committee is responsible being fully described.

These are:-

Section 21	-	Provision of Health Centres.
Section 22	-	Care of Mothers and Young Children.
Section 23	-	Provision of a Domiciliary Midwifery Service.
Section 24	-	Provision of Health Visitors.
Section 25	-	Provision of Home Nursing Services.
Section 26	-	Vaccination and Immunisation.
Section 27	-	Provision of Ambulance Services.
Section 28	-	Prevention of Illness, Care and After Care.
Section 29	-	Domestic Help.
Section 49-51	-	Mental Health Services.

The responsibilities of the Local Authority under the National Assistance Act, 1948, were also fully described.

Particulars of the working and the development of these services in 1949 are fully set out in the general report. It should be noted that with goodwill all round various initial difficulties are being smoothed out. Certain developments have been necessary, for example, in the Ambulance Service an increase in the staff and



vehicles, both ambulances and sitting case cars, also an increase in the number of home helps. On the other hand, the Home Nursing Service has been able to meet all demands, while the Domiciliary Midwifery Service, owing to the reduction in the birth rate, is probably more than capable of dealing with the existing number of domestic confinements.

The result of the second year's working confirms an opinion strongly expressed in my report for 1948, that for the success of the new Health Service, close and friendly co-operation is absolutely essential between the three great departments responsible -

- (1) The Hospital and Specialist services under the Regional Boards and Hospital Management Committees.
- (2) The Health Services under the Local Authorities.
- (3) The General Practitioner and Dental Services under the Executive Councils.

I believe that in Hastings, all three bodies are strongly convinced of the truth of this statement as a result of experience. In practice, also, there is an invaluable interchange between the different bodies, so that in some instances one person may even be a member of all three. The Medical Officer of Health is also linked up with all three departments, both as regards the committees and also their respective officers.

#### RETROSPECT 1923 - 1949 SERIES

As this is the last of the series of 27 annual reports, for which I have been responsible, a brief survey and commentary on the more important landmarks and developments in Public Health in this County Borough, during the period covered, may be of some interest. For this purpose certain outstanding events indicate a natural and convenient subdivision into 4 periods.

1. 1923 - 1930 Development of Public Health environmental and socio-medical services.
2. 1930 - 1939 Absorption by the local authority of the Poor Law social, medical and hospital services, under the Local Government Act, 1929.
3. 1939 - 1945 Public Health Services during the war. The National Emergency Hospital Services. \*
4. 1945 - 1949 (a) Preparation for and introduction of the National Health Service Act, 1946, especially the Local Authority Medical Services under Part III  
(b) The National Assistance Act, 1948.

It will, of course, be realised that there cannot be any hard and fast line between these four periods, and that, generally speaking, developments have in many cases been continuous throughout the 27 years. Also, it should be emphasised that the notes which follow only deal with important landmarks, and purposely avoid any mass of detail.

#### 1. Period 1923 - 1930

This was a period of intense activity and development in Public Health throughout the country, both as regards

environmental and also personal health services. The motto was "A land fit for heroes to live in", and although the first national depression had set in, there was then no lack of enthusiasm for matters relating to health. Hastings, for example, was emerging, chrysalis like, from a slough of despond, and straining every nerve to recover her former illustrious position among the health resorts.

Fundamental environmental reforms had therefore to be tackled vigorously, and among these may be mentioned:-

### 1. Water Supply

An important and costly scheme was inaugurated to provide a constant, abundant, and pure water supply treated by modern methods, by means of two large impounding reservoirs, the first at Great Sanders, and the second, now practically complete and in use, at Darwell, near Mountfield. The former water supply, a series of deep wells in the Hastings sand, somewhat untrustworthy in times of drought is still available to augment the new supply. In spite of the war years the whole scheme has now practically been completed.

### 2. A New Sewerage Scheme

An ambitious and again costly, but essential, scheme to re sewer the Borough, was inaugurated, in order to deal with all the sewage of the Borough, and also to safeguard the lower parts of the centre of Hastings from immemorial flooding in severe rainstorms. Unfortunately, as in many other services, the war has greatly delayed the completion of this scheme, which incidentally by means of modern sewage treatment and an outfall eastwards should greatly improve the conditions at the various bathing stations.

In this period also, consideration began to be given to the inauguration of controlled tipping of the town's refuse in the low lying space to the west end at Pebsham, a scheme now operative, which not only can be managed economically and hygienically, but can also provide sports fields and other amenities for generations to come.

### 3. Housing and Slum Clearance.

Only a few council houses had been built before 1923. The new period witnessed very considerable and successful activity in building new houses. The first Public Slum Clearance Enquiry took place in 1924, and comprised a group of about 60 old, tiny, worn out, insanitary cottages in the centre of the Old Town of Hastings. Two further enquiries were held in the thirties with the result that altogether some 400 unfit houses in various areas, mostly in the Old Town, have been cleared or await clearance. New houses in the various Council Housing schemes now total 1,380, with 80 prefabricated houses, and 360 requisitioned houses and flats.

Over the years this may well appear a substantial achievement, but owing to the early Victorian development of Hastings the large numbers of old fashioned cottages and big buildings with basements, generally turned into flats, the housing situation and the general standard of housing still remain an acute problem.

Environmental services of this nature, some of which may now only indirectly be the concern of the Medical Officer of Health, and others, e.g. the services of the Sanitary Inspectors Department, are fundamental. If they are not sound, and up to a high standard, there will always be a risk of outbreaks of certain types of infectious



disease. The Council, therefore, were absolutely right in putting these matters foremost in their programme.

### DEVELOPMENT OF SOCIAL-MEDICAL SERVICES

This period witnessed the rapid development of Local Authority Medical Services, generally inaugurated by voluntary effort, devoted to the care of the individual and covering, ground as a rule not adequately dealt with at that time by general practice. I refer for example to:-

- (a) The Maternity and Child Welfare Services, with their Infant Welfare Centres, Ante Natal Clinics and the home visiting of the Health Visitors, etc. etc.
- (b) The Tuberculosis Service with its Clinic and Sanatorium treatment, also home visiting and after care.
- (c) The Venereal Diseases Clinic ) at the Royal East  
and ) Sussex Hospital.
- (d) The Orthopaedic Clinic )
- (e) The growth of the District Nursing Service with the opening of Fernbank Maternity Home.
- (f) The development of various Medical Services connected with the School Medical Service.

It is unnecessary to give details of these services, which have been faithfully described in the series of Annual Reports. It is presumptuous to make any absolute claims as to results, there being so many factors involved, but it is fair to state that their development and continued popularity with the general public have corresponded with remarkable and continuous improvements in the general health and with a gradual reduction, which can be estimated exactly, in

- (a) Infant Mortality.
- (b) Maternal Mortality.
- (c) The Mortality from Tuberculosis.

The two local authority Health Centres at Halton and Park View and the various Church halls used as Infant Welfare Centres were undoubtedly below standard and unsatisfactory in various respects. As a result of continued representations, the replacement of the two Health Centres before the second world war had reached a high place in the long list of important new municipal undertakings, but, alas, they have now been postponed to take their place in the development of the new Health Centres under the National Health Service Act.

## 2. Period 1930 - 1939

All the activities, environmental and personal health, of the Local Authority were continuously developed; in addition, the operation of the Local Government Act made the Council responsible for all the duties of the Poor Law Guardians, including (1) the administration of the Poor Law Hospital and Infirmary (or "Municipal Hospital", now under the new Health Act, called St. Helen's Hospital), which was built as a Poor Law Institution, and, after the first World War, converted into hospital wards

(2) district relief in money and kind and medical assistance  
(3) vaccination. The Public Assistance, later called "Social Welfare" Committee took these new duties very seriously, while of course, the responsibilities of the Medical Officer of Health and his staff were considerably increased. It is fair to claim that before the hospital and outdoor medical and social services were handed over by the Council in 1948, a great deal of the old Poor Law stigma had been removed. Also, as regards the Municipal Hospital, in the comparatively short period of 9 years before the war closed down any development, the Council had inaugurated a series of costly improvements (not by any means all that had to be done), the benefit of which is now being reaped by the new Hospital system. I refer, for example, to the erection of

- (1) The Nurses Home.
- (2) The Medical Block for Women.
- (3) The Children's Block.
- (4) The Mortuary.

also the development of a Maternity and Ante Natal Outpatient Unit, dealing with an annual turnover of births which rose from about 40 in 1930 to over 700 in 1948.

Other schemes were under preparation particularly in connection with the demolition of part of the House side and the development of a hostel system for the old people.

### 3. Period 1939 - 1945

During the war, the ordinary activities of the Health Department "ticked over" quietly, while the energies of the staff were mainly devoted to the medical and administrative side of A.R.P. and to their responsibilities as local agents for the Ministry of Health as regards the Emergency Hospital Medical Service.

The work included, among many miscellaneous duties, the development and administration of -

First Aid Parties and Posts.  
The Ambulance Service.  
Decontamination Squads.  
Protection of Food Supplies.  
Registration of Casualties, and  
all matters relative to hospitals  
as referred by the Ministry.

The satisfactory manner in which this work was done throughout the country by Health Departments, is a matter of recent history, also the maintenance of the general health of the community, and the absence of any gross epidemics.

### 4. Period 1945 - 1949

This period includes the preparation for and the inauguration of the National Health Service Act of 1946, which has most profoundly affected medical administration and personnel of every description, including hospitals, the Health Departments, general medical and dental practitioners, and the nursing profession. My report for 1948 described in some detail its effects on the Health Service in Hastings and the duties of the Health Department in the new "set up". Briefly, various Local Authority and allied medical institutions have been absorbed in the new Health Service, including -



The Isolation Hospital.  
The Municipal Hospital.  
Fernbank Maternity Home.  
The Tuberculosis Clinical Service.  
The Venereal Diseases Clinic.

The Local Authority Health Service has considerably added duties under Part III in relation to Ambulance Services, Home Helps, Care and After Care, the National Assistance Act, Maternity and Child Welfare, Mental Welfare, etc.etc., while the ordinary medical work (apart from specialist) of the School Medical Service is fully retained. Above all the Health Department, and particularly its Medical Officers, act as an all important link between the two other great departments of the service, i.e. the Hospital and Consultative Service on the one hand, and the General Practitioner Service on the other.

Finally, there still remains a mass of important work outside the scope of the National Health Service Act, 1946, for which the Health Department remains responsible, and which has already been described under environmental sanitation and hygiene, and also includes the investigation of infectious diseases and outbreaks, with measures for protection and prevention, and also the development of health propaganda and personal hygiene.

In conclusion, I desire, in ending this chapter of 27 years, to express my most profound and grateful thanks and appreciation, for constant encouragement and help, to all members of the Council, also to the Town Clerk and all the Chief Officers of the Corporation and their staffs, and finally, and most sincerely, to every member of my staff, both past and present.

I would like to express my special thanks to Dr. Parkman, my deputy and successor, for all his valuable assistance in the preparation of the body of this report, and to offer him my best wishes for his future success.

I have the honour to remain,  
Mr. Mayor, Ladies and Gentlemen,  
Your obedient servant,

G. R. BRUCE.

Medical Officer of Health.



2. CHAIRMEN OF COMMITTEES  
RESPONSIBLE FOR HEALTH SERVICES

1949

Public Hygiene Committee - Councillor E.A. Tester.  
Education Committee - Alderman Mrs. G. Foxon, J.P.  
Housing and Improvements Committee - Alderman S. Thorpe.  
Health Committee - Alderman Capt. E.T. Hyland.  
Sub-Health (Mental Cases) - Mrs. H.M. Strickland, J.P.  
Sub-Health (Maternity and Midwifery) - Alderman Mrs. A. Farnfield, J.P.,  
M.B.E.  
Sub-Health (Welfare) - Alderman Capt. E.T. Hyland.  
Sub-Health (Old People's) - Councillor Miss. D. Batty.  
Children's Committee - Alderman Mrs. A. Farnfield, J.P., M.B.E.

PUBLIC HEALTH OFFICERS OF THE CORPORATION

The following alterations in staff are recorded in 1949.

Name of Officer	Office held
Miss. J. Hepburn, (Appointed September, 1949 Resigned December, 1949)	Assistant School Dental Officer.
Miss. I. Chapman, (Appointed May, 1949 Resigned September, 1949)	Health Visitor and School Nurse.
Miss. B. Reed, (Resigned October, 1949)	do.
Miss. M. Robin, (Resigned July, 1949)	Shorthand-Typist
Miss. K. Greenwood, (Appointed August, 1949)	do.
Miss. W. Bridgeland, (Resigned July, 1949)	Clerk, Home Help Service, etc.
Miss. D. White, (Appointed August, 1949)	do.
Miss. Y. Pearce, (Resigned May, 1949)	Clerk, School Medical Service
Miss. B.J. Elphick, (Appointed May, 1949)	do.
Miss. L. Blackman, (Resigned May, 1949)	do.
Miss. M. Dale, (Appointed May, 1949)	do.
Mrs. A. Winstanley, (Appointed September, 1949)	School Dental Clerk.

### 3. NATIONAL HEALTH SERVICE ACT, 1946

#### REVIEW OF WORKING OF HEALTH SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER PART III FROM THE APPOINTED DAY.

Note: Figures in parenthesis are those for 1948 for purposes of comparison.

The various services involved include the following:-

- |                     |   |  |
|---------------------|---|--|
| (1) Section 21      | - | Provision of Health Centres.                 |
| (2) Section 22      | - | Care of Mothers and Young Children.          |
| (3) Section 23      | - | Domiciliary Midwifery.                       |
| (4) Section 24      | - | Health Visiting.                             |
| (5) Section 25      | - | Home Nursing.                                |
| (6) Section 26      | - | Vaccination and Immunisation.                |
| (7) Section 27      | - | Ambulance Service.                           |
| (8) Section 28      | - | Prevention of Illness, Care, and After Care. |
| (9) Section 29      | - | Domestic Help.                               |
| (10) Sections 49-51 | - | Mental Health Services.                      |

The fundamental details of the preparation and working of the initial stages of the Council's schemes under the above named sections were reported in some detail in my report for 1948. In general the schemes continue to work smoothly and the ever growing demands made upon the services so provided are a measure of their value to the community.

#### SECTION 21

##### Health Centres

During the year, general discussions on the provision of Health Centres have been held with the Executive Council and the Local Medical Committee, the Health Committee and Council, which have resulted in agreement on the selection of five sites suitable for Health Centres and their inclusion in the Town Planning Scheme.

The sites chosen are:-

1. In the centre of the town, near the Memorial.
2. At the bottom of London Road, St. Leonards.
3. In the area of the Langham Hotel, Mount Pleasant Road.
4. The junction of Battle Road and Glen Road.
5. In the village of Ore, in or about the spot now marked by the Town Planning Committee for a Community Centre.

These centres should eventually provide not only the services necessary for their use by general practitioners, but much needed adequate and modern premises for the Maternity and Child Welfare services and School Clinics. The former service in particular, is much handicapped by its transient tenure of unsuitable halls for Infant Welfare purposes.

SECTION 22

Care of Mothers and Young Children

(a) Infant Welfare Centres

Welfare Clinics are held weekly at 7 centres scattered throughout the Borough as follows:-

Grove Road (Christchurch Mission Hall), Ore, Hastings.  
Hope Clinic, Halton Place, Hastings.  
Central Clinic, Priory Street, Hastings.  
London Road Congregational Church Hall, St. Leonards-on-Sea.  
St. Ethelburga's Mission Hall, Bexhill Road, St. Leonards-on-Sea.  
Park View Clinic, Upper Park Road, St. Leonards-on-Sea.  
Hollington Clinic, St. John's Parish Hall, Battle Road,  
St. Leonards-on-Sea.

These centres are attended by the appropriate district Health Visitor, and I must here express my appreciation again of the grand work carried out by the Voluntary Helpers of the Service of Help for Motherhood and Infancy. Most of these clinics are staffed from the medical point of view by interested general practitioners. By arrangement with the Food Office, distribution of National Dried Milk, Cod Liver Oil, and orange juice under the Government Scheme is carried out at the centres, together with the sale of certain proprietary milk foods and vitamin preparations, this service being much appreciated by busy mothers.

Total attendances were as follows:-

Infant Welfare Centres	19,828	(19,956)
Medical consultations	4,734	( 5,296)

Distribution of Milk, Vitamins, etc. during the last quarter, 1949.

Orange Juice "take up" - 40.4 per cent (this includes issues to expectant mothers)  
Cod Liver Oil "take up" - 34.1 per cent.  
Vitamin A & D Capsules - 40.2 per cent.  
National Dried Milk - 819 tins average issue per week.  
(Up to the age of 2 years).

(b) Ante Natal Clinics

The ante and post natal clinics provided by the Local Health Authority under the domiciliary midwifery scheme are as follows:-

Park View Clinic, Upper Park Road, St. Leonards-on-Sea.  
Hope Clinic, Halton Place, Hastings.  
District Nursing Association, Free Dispensary, High Street, Hastings.

These clinics again are staffed by general practitioners who have a wide experience and a particular interest in the work.

Routine Wasserman and Rh factor examinations are carried out at these clinics.

Total attendances were 802 (1,064).



(c) Contraceptive Clinic for Married Women (including County cases)

New cases	85	(63)
Old cases	67	(37)
TOTAL:	<u>152</u>	<u>(100)</u>

It should be noted that the strictest enquiry is made and a medical certificate proving necessity on the grounds of prevention of illhealth required before attendance is permitted at this clinic.

(d) Dental care of Nursing and Expectant Mothers.  
Dental care of Children under 5 years of age.

This valuable work continues to be hamstrung by the impossibility of obtaining qualified dental staff at the present salary scales. An assistant dental officer was appointed in September, 1949, and it was hoped that this service in particular would prosper. She resigned, however, in December, 1949, and as a result an efficient dental service for mothers and children under the scheme remains a hope for the future.

The mothers attending for ante natal advice are advised to seek dental advice from the general health services under the National Health Service and a number of toddlers requiring treatment receive it at the school dental clinics.

The Senior Dental Officer reports as follows:-

(i) Numbers provided with Dental Care:

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	97	86	14	9
Children under 5 years.	66	60	60	48

*Widely in line by Dr. Davies*

*2 GP's do antenatal  
 over 8.  
 no serious complications  
 during antenatal care.*

*(N) Ward  
 Mr. Lee*

*Leafy, improved part of ...  
 ...  
 ...*

*27th ...  
 ...  
 ...*

(ii) Forms of dental treatment provided.

	Ex- tract- ions	Anaesthetics		Fil- ings	Scal- ings or Scaling and gum treat- ment	Sil- ver Nit- rate treat- ment	Dress -ings	Radio graphs	Dentures provided	
		Local	General						Com- plete	Par- tial
Expect- ant & Nursing Mothers	3	-	1	26	6	-	4	-	-	1
Child- ren under five	26	-	19	58	-	5	14	-	-	-

Facilities for X-ray examination are provided at the St.Helen's Hospital. Arrangements for the construction of dentures have been made at a local laboratory.

(e) Care of Illegitimate Children.

The following are the numbers during the past 5 years:-

Year	No.of Illegitimate Children	Total Children	Percentage of all births.
1945	101	731	13.8
1946	98	1,155	8.5
1947	86	1,203	7.1
1948	72	999	7.2
1949	69	902	7.6

The Health Visitors give special consideration to the care of expectant single women both during pregnancy and afterwards, in conjunction with other agencies, particularly the local worker of the Chichester Diocesan Moral Welfare Assodation, who is linked up by a definite financial arrangement.

All illegitimate children are under special review and report by the appropriate Health Visitor at three months and one year old. It is gratifying that the reports are generally satisfactory as regards care by the mother, grandmother or foster parent, attendance at Infant Welfare Centres, and in fact, care generally.



(f) Other services available for children under 5.

(i) In conjunction with the School Health Service, facilities are available at the Child Guidance Clinic, the Speech Therapy Clinic and the school clinics.

(ii) The Regional Hospital Board provide facilities for orthopaedic treatment both Out-patient and short stay In-patient in local hospitals; special prolonged institutional treatment and education in conjunction with the Local Education Authority at Chailcy, Margate, Stanmore, Alton, etc. The service also includes provision for the care of premature infants and the provision of free Maternity outfits.

SECTION 23

Domiciliary Midwifery.

(a) This service is mainly carried out on behalf of the Local Health Authority by the District Nursing Association, and is noteworthy for smooth running and efficiency generally. The service has little or no staff problems, and the provision of additional transport by the Council for use by the Hastings and St. Leonards District Nursing and Maternity Association in their combined midwifery and general home nursing work has helped greatly to meet all demands made upon it.

In addition, one midwife is employed direct by the Council for work in the St. Leonards area.

Midwives Act, 1936 - Domiciliary Midwifery

Service	District Nursing Association	Municipal Midwife	Total
1. Cases conducted	196	43	239
* 2. Post Natal visits	4,328	742	5,070
* 3. Ante Natal visits	3,119	266	3,385
4. Gas & Air Analgesia	103	41	144

\* includes visits by pupils

With the continued fall in the birthrate from 1946 onwards, the number of cases in the district shows a fall from 318 in 1947 and 253 in 1948 to 239 in 1949.

Gas and air analgesia is a greatly appreciated service and was used in 52% of confinements carried out by District Nursing Association nurses and 95% by the Municipal Midwife.

(b) Inspection of Midwives.

The Deputy Medical Officer of Health was Inspector of Midwives until 1st January, 1950, when the Council appointed the Superintendent of the Hastings & St. Leonards District Nursing and Maternity Association as non-medical Supervisor of Midwives.

The average standard of the work and results of inspection were very satisfactory.

No. of midwives on register	11	(14)
No. of visits	47	(56)
Midwives' notifications, medical aid	142	(151)
Other official notifications	41	(57)
Birth notified by midwives	525	(533)

## SECTION 24

### Health Visiting.

The staff of Health Visitors is as follows:-

- (a) 1 Senior Health Visitor.
- (b) 6 combined Health Visitors and School Nurses.
- (c) 1 for School Clinics and School Medical Service.
- (d) 1 Health Visitor for Tuberculosis.

All the posts are transferable for sickness or holiday duty. Mental Deficiency visiting is carried out by a Mental Health Worker.

The Health Visiting staff is particularly concerned with the development of a care and after care service in the home under Section 28, which has now been commenced, and the eventual provision of Health Centres under the National Health Service, as described in the appropriate sections of the report.

Both these services may attain important dimensions and, as they develop, there must follow *pari passu* a gradual increase of the staff of Health Visitors, if the supply by that time is equal to the demand.

### Work of Health Visitors

First visits under one year	779	(1,161)
Second or further visits	11,995	(11,084)
Other classes	390	(41)
Infant protection visits	877	(552)
Expectant Mother visits	404	(392)
	<hr/>	
	14,445	(13,230)

## SECTION 25

### Home Nursing.

This service, provided by the Hastings and St. Leonards District Nursing and Maternity Association as agents of the Local Health Authority, was described in detail in the report for 1948. The arrangements have worked very smoothly indeed, and the Association has been able to meet all calls upon it without increase in staff. Again, increased mechanization has contributed towards these happy results.

The range of nursing requisites and appliances e.g. Dunlopillo mattresses, air rings, air beds, backrests, etc., has been increased during the year, articles being loaned out as necessary on payment of a small fee. Much use has been made of these articles as will be evident from the table below, and their addition to the comfort and well being of the patient has frequently been commented on favourably.

As with domiciliary midwifery, the home nursing service is carefully co-ordinated with the Health Department, and the closest liaison is effected.

The following specimen weekly returns show clearly the work carried out:-

W/E Jan.9      W/E Apr.2      W/E July.3      W/E Oct.2      W/E Dec.25

	Med- Surg- ical ical		Med- Surg- ical ical		Med- Surg- ical ical		Med- Surg- ical ical		Med- Surg- ical ical	
New Cases	127	92	143	91	111	98	133	101	145	116
Old Cases	16	13	24	7	8	9	11	12	19	14
Nursing Visits	904		865		702		772		907	
Art- icles on loan	18		15		7		12		28	

Staff as at 25th December, 1949.

Superintendent.  
Assistant Superintendent.  
1 Male Nurse.  
7 Full-time Nurses.  
3 Part-time Nurses.

The total number of cases attended during the year was 1,346, 41,652 visits being paid in all by the Home Nurses.

## SECTION 26

### Vaccination and Immunisation.

As in the previous year, vaccination against smallpox was carried out with very few exceptions by the general practitioners of the Borough. Immunisation against diphtheria was on the other hand, mainly carried out at the clinics of the local authority. The impasse noted last year in regard to the with-holding of vaccination and immunisation records by the general practitioners came to an end with the National agreement as to the fee payable, and full records are now available in the Health Department.

The number of children protected against these two dangerous diseases again shows a slight decrease which is disturbing. One can only hope that parents have not been lulled into a state of false security, and therefore slackness, in regard to immunisation by reason of the virtual disappearance of diphtheria as an epidemic disease.



VACCINATION RETURN - 1949

Births (registered)	902
Successful Primary Vaccinations	308
Percentage of Births Vaccinated	34.1
Re-Vaccinations	86

DIPHTHERIA IMMUNISATION - 1949

780 children were immunised { 696 under the age of 5 years.  
84 over the age of 5 years.

147 re-inforcing injections were given.

SECTION 27

Provision of Ambulance Services.

The Hastings Corps of the St. John Ambulance Brigade have continued to run the ambulance service as agents of the Local Health Authority. The year has been a trying one, with the service often extended to or even beyond its limit, but it has managed to carry out all its commitments in an exemplary and efficient manner.

The position is not rendered easier by reason of the cramped and inadequate Headquarters of the Brigade; the site and general structural design preclude any possibility of expansion or useful amelioration of the conditions.

The numbers of both staff and vehicles have necessitated increases to cope with the volume of work requested: the mileage run continues to increase in spite of the fact that long distance cases are conveyed by train wherever the patient's condition permits. There is no doubt that at first there was some abuse of the service, particularly from the hospital side in requests for sitting case cars for local Out-patient cases, but many of the difficulties in this direction have been smoothed out, thus enabling a more efficient service for those who really need it.

VEHICLES AT 1.1.1949.		VEHICLES AT 31.12.1949.	
Ambulances	Sitting Case Cars	Ambulances	Sitting Case Cars
5	1	5	3
<u>Fulltime Staff at 1.1.49.</u>		<u>Fulltime Staff at 31.12.49.</u>	
7 (including Supervisor and Clerk).		9 (including Supervisor and Clerk).	

Total cases carried during year.

		No. of vehicles at 31st. December 1949	Total No. of Journeys during the year.	Total No. of patients carried during the year.	No. of accident and other emergency Journeys included in Col. (3) during the year.	Total mileage during the year.
		(2)	(3)	(4)	(5)	(6)
Directly provided service	Ambs.	5	3988	4334	851	50873
	Cars	3	2632	2914	-	48532
Agency service	Ambs.	-	-	-	-	-
	Cars	6	1040	1040	-	Not available

Analysis of Cases carried monthly

	AMBULANCES		SITTING CASE CARS	
	No. of cases	Mileage	No. of cases	Mileage
January	328	4040	87	2944
February	287	3123	143	2874
March	353	4703	206	3403
April	359	4307	189	3433
May	365	4289	250	4191
June	364	4917	271	5111
July	378	4284	267	4581
August	379	4163	272	4383
September	376	4019	304	4132
October	388	5000	288	3878
November	392	4091	357	5098
December	365	3937	280	4504

SECTION 28

Prevention of Illness, Care and After-Care.

(a) Tuberculosis.

The only after care service definitely prescribed is in relation to Tuberculosis. For many years, there has been in Hastings an active voluntary Tuberculosis Care Committee, closely associated with the Health Department, the Tuberculosis Clinic and patients in sanatoria, then the responsibility of the local authority.

As recommended by the Ministry of Health, this arrangement has been continued, the Care Committee acting as agent. It is,



however, already abundantly evident that the effect of recent legislation e.g. National Insurance, and the National Assistance Acts, has much reduced the necessity for financial assistance and the provision of extra nourishment, formerly a most important element of the work. However, other means of assistance are being explored and will be developed, e.g. the sorting out of social, family and housing difficulties; provision of equipment for home nursing and for invalids; assistance with occupational therapy through the Central Depot of the Hospital Management Committee; co-operation with various bodies who can help, e.g. National Assistance and Insurance, the Labour Exchange, the Central Aid Council, the Ministry of Pensions and various Service Associations. In this district there is no scope for the development of special workshops or home industries.

(b) Diabetes

The Senior Health Visitor attends the Hospital Clinic gets to know all 'new' and keeps in touch with the old patients, receives instructions from the Consulting Physician with regard to home treatment, diet and the avoidance of complications; in general, she helps with sorting out any domestic or social difficulty.

(c) Orthopaedic

The school nurse is in close touch with the orthopaedic clinic and is advised by the almoner of all cases needing special attention at school, defaulters, follow-up of home exercises, etc. This scheme should ideally expand to cover all persons suffering from crippling, orthopaedic defects and can usefully be expanded in the future. The Hastings Voluntary Society for the Care of Cripples is also incorporated in the After-Care scheme.

It is eventually hoped to extend the After-Care scheme in conjunction with the Hospital clinics to cover other groups of conditions, i.e. gastric and duodenal cases, asthma, rheumatism and heart cases.

In general, much help is given by the staff of the department in individual cases in ascertaining what type of help is needed and advising accordingly. For example: the aged can be referred to the District Nursing Association for nursing assistance and invalid appliances; to the British Red Cross Society for invalid foods; to the National Assistance Board for financial assistance; to the Welfare Officer for admission to hostels, etc. Other cases can be referred through a doctor for medical assistance or to Hospital Out-patients, or for admission to a bed for the infirm sick. Some cases may be helped by occupational therapy.

Such are the developments which are now in their infancy but may later grow into an important and valuable adjunct to the new Health Service.

SECTION 29

Home Help Service.

Miss White, Organiser for this service, reports as follows:-

No. of cases carried forward from 1948	7
No. of applications during 1949	219
No. of applications actually dealt with	165

No. of Home Helps, December, 1948 - 2 Full-time and 1 Full-time  
Emergency Helper.

No. of Home Helps, December, 1949 - 4 Full-time and 4 Part-time  
Helpers.

During 1949 12 Helpers were appointed from time to time, on a full-time or part-time basis. 7 resigned under 3 months service. In October the first part-time helper was appointed and later employed on a full-time basis.

There would appear to be a fair supply and choice of helper willing to work during mornings whilst children are at school, although recently 2 helpers have resigned at a time of school holidays, for care of own children. Part-time helpers remunerated at 2/- per hour are willing and keen to do a full morning's duties (4 hours per day), whereas some full-time helpers have been less willing to work a 35 hour week only (6 hours per day) being the maximum hours on a guaranteed wage of £3.10.0, confinements being the usual type of case where duties exceed 35 hours per week up to 44 or 48 hours, increasing wages to £4.8.0. or £4.16.0. per week.

After several weeks of attendance at three homes per day, as in the case of full-time employees, helpers are noticeably tired, whereas two part-time helpers will undertake 4 homes per day, without the same strain.

Some helpers become genuinely interested in their particular cases, and visit during weekends and evenings on their own accord, undertaking provision of a Christmas dinner, flowers on birthdays and odd jobs of sewing at home, enlisting husbands and sons for gardening or repairs of electrical equipment. Helps who do not contribute personal interest appear to be those who resign within a very short term of office.

Overalls have been supplied to all workers.

A personal visit is made by the organiser to the home of each applicant in order that the most suitable helper may be allocated to the case. A record of each applicant is passed to the Health Visitors for Care and After-care visits. Each case is checked at the end of one month and, unless of a chronic nature, a further medical certificate is required.

Ante, Post natal and confinement cases have increased slightly during the year. Requests for medical and aged cases approximate in demand as in the previous year. Medical cases have required more 'all-day' assistance, and there is increasing demand for assistance for chronic cases such as aged, blind and crippled persons, although often only a 2-hour a week service is required for long periods. Many of the aged depend entirely upon the Home Help for any affairs outside their home, such as pensions, food, etc.

Financially there is a greater increase towards payment of costs from those requiring part-time service, but applicants for a full-time service and requiring a reduced charge, mainly confinement cases, hesitate before agreeing to the estimated charge as recommended by the Ministry.

Many applicants express appreciation of the service and in cases where a Home Help Service has been received in another town, comment has been made regarding the high standard and type



of Home Help employed at Hastings.

SECTIONS 49 - 51

Mental Health Services

1. Administration.

(a) The Mental Health Sub-Committee

This is a sub-committee of the Health Committee, consisting of seven members from that Committee, and three co-opted members, including two from the Voluntary Association for Mental Welfare. The sub-committee meets monthly, the Minutes being passed to the Health Committee and finally the Council.

(b) Staff employed in the Mental Health Service.

(i) Medical Staff.

G.R. Bruce., M.A., M.D., D.P.H., Medical Officer of Health.  
T.H. Parkman, M.B., B.S., D.P.H., Deputy Medical Officer of Health.

(ii) Social Workers

Miss. W. Rogers      Mental Health Worker.  
Mr. A. E. Christmas      Welfare Officer.

(iii) Duly Authorised Officers.

Mr. A. E. Christmas      Welfare Officer.  
Miss. W. Rogers      Mental Health Worker  
Mr. H. R. Ashley      Clerk, Public Health Department.

(iv) Occupation Centre, Athelstan Road.

Miss. K. Finch White      Supervisor.  
Mrs. White      Assistant to Supervisor and guide.  
Mrs. Lewendon      Home Teacher.

All the lay staff under (ii), (iii) and (iv) have now had considerable practical experience, in some cases over a prolonged period, in their special branch of the Mental Health Service, but do not in any instance possess registrable diplomas. Arrangements have been made for various members to attend weekend conferences, and short intensive courses. It is intended that the Duly Authorised Officers should attend one of the courses specially organised for their work and the other branches of the Mental Health Service, (at the time of writing this report one Duly Authorised Officer has attended such a course).

(c) Co-ordination with the Regional Board and Hospital Management Committee, etc.

Dr. Tredgold, Assistant Medical Officer for Mental Health Services, South East Metropolitan Regional Hospital Board, has been in regular touch with this department since his appointment, and has been most helpful in the discussion of the many administrative problems and the disposal of difficult institutional cases. Relations with Hellingly Mental Hospital, and the medical staff, have been, and continue to be cordial and useful, especially (see later) with regard to the development of a care and after care service in the home.

There is also a close and friendly relationship with Dr.L.H.Booth, Medical Superintendent of St.Helen's Hospital (formerly the Hastings Municipal Hospital). This hospital has for many years been certified to receive a restricted number (25) of certified Mental Defectives and 12 certified Mental cases. It has always acted as a place of safety for mental defectives pending certification and for mental cases pending a Magistrate's Order for removal to hospital. In addition, for many years, following the line of necessity and least resistance, a considerable number of uncertified or borderline cases of all categories have found safe refuge there.

Under the new Regional Board policy, it is understood that the situation at St.Helen's Hospital, as regards reception of mental and mental deficiency cases is being revised. Certain ambulant or non-institutional cases may become ultimately the responsibility of the local authority in hostels or under guardianship. The available accommodation may be classified and improved for the reception of special classes of mental or mental deficiency cases, and linked up with other accommodation available in the region. These, and other developments, will undoubtedly offer further opportunities for co-operation between the Hospital system and the local authority.

The Mental Health Worker is responsible for the care of patients on trial or on licence from Mental Hospitals and Institutions for Mental Defectives.

(d) Duties delegated to Voluntary Associations.

Hastings Voluntary Association for Mental Welfare.

This Association, formed about 1927, has been responsible in close liaison with the Mental Health Committee, for the administration of the Occupation Centre now at Athelstan Road, formerly an Open-Air School under the Local Education Committee.

The premises are generally satisfactory, though being mainly glass, inclined to be too hot at times in summer, and too cold in winter. Good mid-day meals are served by the Schools Meals Service, and morning milk is also supplied. About 16 to 18 pupils attend all day, mostly younger types of too low grade for admission to the special school. In addition, about 14 to 16 Mental Defectives, mainly older types, attend two afternoons weekly from St.Helen's Hospital, mainly for occupational therapy. The Committee (also the parents and guardians) are very satisfied with the work generally, the results achieved, and the happy atmosphere. This opinion is also reflected in the periodical reports of inspecting visitors from the Board of Control. The work undertaken consists of:-

- Personal Hygiene - table manners.
- Eurhythmics, Folk dancing.
- Various kinds of handwork, carpentry, knitting, sewing.
- Action songs and plays.
- Very elementary educational training.

The Voluntary Association is also responsible for Home teaching and training, which are carried out by a part-time visitor (giving about 50 per cent time), who visits about once a week about 10 to 12 low grade cases, unsuitable for, or physically unfit to attend the Occupation Centre. Naturally, only very simple and rudimentary work can be undertaken, but



the visits are welcomed both by the parents and the defectives.

(c) National Association for Mental Health.

We are in general touch with this Association; in particular as a wartime measure the National Association, on behalf of the Ministry of Health, supervised the social care of certain ex-service or other mental and nerve patients, after discharge to their own homes. On the termination of this arrangement in April, 1949, the local authority arranged with the National Association, as agent, to complete the care of these patients in co-operation with the Mental Health Worker, but this arrangement has since terminated.

II. Account of work undertaken in the community

(a) Under Section 28 - National Health Service Act, 1946.  
Prevention, care and after-care.

(b) Under the Lunacy and Mental Treatment Acts, 1890-1930  
by the Duly Authorised Officers.

(c) Under the Mental Deficiency Acts, 1913-1938.

(i) Ascertainment, including number of defectives  
awaiting vacancies in institutions at the end  
of the year.

(ii) Guardianship and supervision.

(iii) Training.

(a) Care and After-Care for Mental Cases.

This work generally, from the local authority's point of view, is in the process of early development. Discussions have taken place on the whole subject with Dr. Tredgold, representing the South East Metropolitan Regional Hospital Board, the Medical Superintendent of Hellingly Mental Hospital, Dr. Reid, and the Medical Officers of Health of the East Sussex County and County Boroughs. The Clinic for Nervous Disorders at the Royal East Sussex Hospital, Hastings, should remain as the natural centre and the most important agent for sorting out the cases and advising where home care is necessary and advisable. In addition, a letter is now received from the Hellingly Mental Hospital, where necessary, on discharge, giving particulars, and recommending any necessary home care and assistance. The National Association for Mental Welfare also co-operates in referring cases. The Mental Health Worker and the Welfare Officer carry out any social work in the home, assisted also by the Social Worker for the Clinic for Nervous Disorders. The policy of the Medical staff of the Mental Hospital at present is to develop this side of the work slowly, and with considerable caution, only recommending such cases where it is believed that visits will be welcomed, and which are likely to achieve satisfactory results.



(b)

SUMMARY OF MENTAL CASES YEAR ENDING 31st DECEMBER, 1949.

MENTAL ILLNESS

Summary of work carried out by the Duly Authorised Officer.

- |   |    |
|---|----|
| (1) Number of cases dealt with under Section 20<br>(Under Lunacy & Mental Treatment, Act 1890-1930) | 34 |
|---|----|

THREE DAY DETENTION ORDERS

(Patients being removed from their own homes to the St. Helen's Hospital, pending certification)

- |   |    |
|---|----|
| (2) Number of cases dealt with under Section 16<br>(Under Lunacy & Mental Treatment Act, 1890-1930) | 69 |
|---|----|

\* SUMMARY RECEPTION ORDERS.

- |   |   |
|---|---|
| (3) Number of cases dealt with under Section 11<br>(Under Lunacy & Mental Treatment Act, 1890-1930) | 4 |
|---|---|

URGENCY ORDERS

- |  |     |
|--|-----|
| (4) Number of cases dealt with under Sections 4, 5 & 6<br>(Under Lunacy & Mental Treatment Act, 1890-1930) | Nil |
|--|-----|

ORDERS ON PETITION

- |  |   |
|--|---|
| (5) Number of cases dealt with under Criminal Justice Act, 1948, Section 24. | 4 |
|--|---|

- |  |   |
|--|---|
| (6) Number of cases dealt with admitted to other Mental Hospitals. | 3 |
|--|---|

- |   |   |
|---|---|
| (7) Number of cases dealt with under Section 16<br>(Under Lunacy & Mental Treatment Act, 1890-1930) | 4 |
|---|---|

POLICE CASES

TOTAL NUMBER OF CASES:	84
------------------------	----

Number of cases cancelled by the Magistrate patients not being certifiable within the meaning of the Lunacy Act, at the time of the Visiting Medical Practitioners	13
--	----

\* (See Item 2) SUMMARY RECEPTION ORDERS

TOTAL NUMBER OF PATIENTS REMOVED TO THE MENTAL HOSPITAL, HELLINGLY.	71
---	----

Section 1 - Mental Treatment Act, 1930.

VOLUNTARY PATIENTS

Number of patients admitted to Hellingly Mental Hospital for treatment -	78
--	----

HASTINGS CLINIC FOR NERVOUS DISORDERS

REPORT FOR 1949.

Fifty-two sessions of this Clinic were held during the year at the Royal East Sussex Hospital, Hastings, each Wednesday at 2.30 p.m.

Physician in Charge

Dr. P. C. Collingwood Fenwick, L.M.S.S.A., (Lond).  
Deputy Medical Superintendent & Psychiatrist,  
Hellingly Hospital, Hailsham.

Dr. Jessie Collard,  
Hellingly Hospital.

Social Worker

Miss. S. C. Sinfield, Globe Cottage, Hellingly.

New Patients

Male	90				
Female	<u>116</u>	Total new patients ...	...	206	(185)
<u>Old Patients</u>		Attendances	...	<u>851</u>	(739)
		TOTAL ATTENDANCES:		<u>1,057</u>	

Summary of Diagnosis of New Patients

<u>Psychoneuroses</u>		<u>Psychoses</u>	
Anxiety State	59	Melancholia & Depressive States	54
Hysteria	18	Schizophrenia	19
Obsessional State	5	Delusional Insanity	7
Adolescent Instability	1	Confusional State	9
Psychopathic State	6	Mania	<u>3</u>
	<u>89</u>		92
<u>Epilepsy</u>	9		
<u>Mental Deficiency</u>	5		
<u>Various Conditions</u>	11	<u>Total:</u>	<u>206</u>

Report

New Clinic Patients admitted to Hellingly Hospital:-

Voluntary Patients...	...	71
Certified Patients...	...	5

Discharged from Hellingly Hospital:-

Recovered	...	25
Relieved	...	25
Not improved	...	4

Died ...	...	...	1
Still under treatment at Hellingly Hospital	...	...	21
Still under treatment at Clinic	...	...	30

MENTAL DEFICIENCY ACTS, 1913 - 1938

(i) Ascertainment

As regards Ascertainment, while every effort is made to investigate, classify and help the older groups, special attention is given to the preliminary ascertainment of possible defectives amongst the younger groups, commencing with children through the Health Visitors, in the Infant Welfare Clinics, and school children through the school clinics, teachers and the Child Guidance Clinic. Every effort is made to obtain a definite decision as to the mental grade and to take steps, where necessary, to secure appropriate training and supervision. At this stage, in young children, the final report is often delayed for a year or two in the hope that the child may be classified as educable in the ordinary or special school.

(ii) Guardianship

Guardianship has for many years been very satisfactorily employed, either by relations, generally the mother, in the defectives own homes, or by the Brighton Guardianship Society. In Hastings supervision is carried out by the Mental Health Worker, and the Medical staff of the local authority. The Brighton Guardianship Society has its own staff of experienced social visitors, as well as visiting medical officers. The reports are examined, and if necessary, discussed with officers of the Society, appropriate steps being taken in consultation, which may include a personal examination by our officers. When financial assistance has been transferred to the National Assistance Board, the local authority continues to exercise home care and supervision as before.

(iii) Training

The work carried out by the Hastings Occupation Centre, and in connection with Home Training, has already been described. The Brighton Guardianship Society has its own Occupation Centres in Brighton, and in addition, the County arrangements for training in farm work, and market gardening are available.

Mental Deficiency

Mental Defectives on the Register of the local authority December, 1949.

(a) In various Institutions	72	(65)
(b) Under guardianship	30	(59)
(c) Under Statutory supervision	57	(24)
(d) Under Friendly supervision	1	(4)
TOTAL -		<u>160</u> (152)



Summary of work of Mental Health Worker for 1949

(a) Home Visits - Cases under guardianship	251
(b) " " " " Statutory supervision) Friendly supervision )	175
(c) Miscellaneous visits (including school children)	834
(d) Special visits	81
(e) Interviews at the office	781
(f) Certification under Mental Deficiency Acts for Institution or Guardianship	6
(g) <u>Investigation of Children for Special School or as Mental Defectives.</u>	
Recommended as educationally sub-normal for Special School	12
Excluded temporarily	3
Notification to Local Authority for Mental Health	6
Referred to Child Guidance Clinic	1
Reported to other psychiatrists	2
No action	10

---

4. THE NATIONAL ASSISTANCE ACT, 1948

The work of the local authority under this Act deals to a considerable extent with Welfare of the Aged, and Handicapped Persons, their care and after-care. This service must of necessity be co-ordinated with the activities now being developed under the National Health Service Act - particularly under Section 28. It is, therefore, appropriate to insert at this stage of the report a short note with regard to the proposals for welfare work under the National Assistance Act - particularly in respect of:-

(1) The Aged and Infirm

(2) The Handicapped classes, including

The Blind

The Deaf and Dumb

Cripples and other handicapped persons

In all this welfare work the Voluntary Societies play an important part in co-operation with the local authority and their officers, in particular, as regards field work, the Welfare Officers, and the Health Visitors.

The aged and infirm not requiring hospital treatment remain in Part III accommodation on the "House" side of St.Helen's Hospital, the Local Health Authority being financially responsible. This accommodation is adequate for 124 persons. The Hospital authorities, however, continue to need the accommodation for their own purposes,

and the local authority is anxious to carry out its specific duty by rehousing these old people under hostel conditions according to modern ideas. It has, therefore, acquired two groups of property (a) Moreton and Little Moreton, which will eventually accommodate 54 old people, and (b) 12,13 & 14, Charles Road, which will provide for a further 45. Conversion and equipment of these buildings is proving to be both a costly and lengthy process, but when the scheme is completed they should provide comfortable superior homes in which old people would be well content to pass the sunset of their lives. Negotiations for further property for this purpose are continuing.

Towards the close of the year, the Local Health Authority advertised for a qualified and experienced Warden, who would be placed in charge, under the Medical Officer of Health, of the planning and equipment of the premises acquired for housing old people. Mr.G.Priestley was appointed, and commenced his duties in January,1950.

Meanwhile, most admirable work is being carried out by four Voluntary Societies in providing hostels or tiny flatlets for the aged who are not too infirm:-

The Central Aid Council  
The Salvation Army  
The Christ Church Housing Society  
The Women's Voluntary Service.

In one way or another these four societies house at least 200 to 250 old persons without homes or unable to look after a small home. The local authority fully recognises their great work, and while prepared to carry out its own responsibilities towards the aged infirm, will also, where necessary, subsidise these voluntary societies in the cases in which such help is indicated.

#### Handicapped Persons

Similarly as regards the Handicapped classes, the local authority has made and will continue to make the fullest use of the appropriate voluntary societies as follows:-

##### 1. The Blind

The Hastings Voluntary Association for the Blind will continue to act as sole agent for the care of the blind. The Association has for many years acted as such with admirable results and the entire confidence of all concerned, in close and friendly association with the Officers of the Corporation.

##### 2. The Deaf and Dumb

The Sussex Association for the Deaf and Dumb will act as the agent for all the Sussex authorities - the three County Boroughs and East and West Sussex, the Medical Officers of Health being now appointed to the Executive Committee.

##### 3. Cripples and other Handicapped Persons.

The Hastings branch of the East Sussex Association for the Care of Cripples will assist the work of care and after-care by acting in an official capacity in conjunction with the officers of the Health Department.

SECTION 47

During the year it has been necessary to proceed under this section in two cases.

1. Man aged 63 who had taken his discharge from hospital with indwelling catheter - prostatic obstruction. Home conditions were filthy and very neglected, with danger of renal infection. He was removed to St.Helen's Hospital on a 3 months Order, warded and now remains in hospital under 3 monthly extensions of Order.
2. Female aged 87. Living alone in derelict house, suffering from delusions; personal neglect extreme. Removed to St.Helen's Hospital on 3 months Order, since renewed. House now demolished.

Several other cases suitable for action under this section were persuaded to enter hospital voluntarily, or the aid of relatives was enlisted to ameliorate bad home neglect with good result.

5. SUMMARY OF GENERAL AND VITAL  
STATISTICS 1949

Area of Borough ... ..	...	...	...	7,770 acres
Population - Census 1931 ... ..	...	...	...	65,207
Registrar-General's estimate of resident population 1949 for the purpose of Vital Statistics				65,000
Number of inhabited houses (end of 1949) according to rate books ... ..	...	...	...	20,569
Rateable Value ... ..	...	...	...	£752,546
Sum represented by a penny rate				£2,984
	<u>Total</u>	<u>Male</u>	<u>Female</u>	
Live Births 1949) legitimate	833	452	381	
) illegitimate	69	44	25	902
Birth rate 1949 per 1,000 of the estimated resident population ... ..	...	...	...	13.9
Still births ... ..	...	...	...	22
Rate per 1,000 total (live and still) births...				14.2
Deaths, 1949 ... ..	...	...	...	1,102
Death rate 1949 per 1,000 of the estimated resident population:				
(a) crude	...	...	...	16.9
(b) corrected	...	...	...	11.49
Deaths from puerperal causes:				
	<u>Deaths</u>	<u>Rate per 1,000 total (live and still) births</u>		
No.29 Puerperal sepsis	Nil	Nil		
No.30 Other maternal causes	1	1.08		



Death rate of infants under one year of age:-

(a) All infants per 1,000 live births ...	27.7
(b) Legitimate Infants per 1,000 legitimate live births ... ..	26.4
(c) Illegitimate Infants per 1,000 illegitimate live births ... ..	43.4

Deaths from Cancer (all ages) ... ..	161
Deaths from Measles (all ages) ... ..	1
Deaths from Whooping Cough (all ages) ...	1
Deaths from Diarrhoea (under 2 years of age)...	Nil

≠ Factor of correction 0.68

## 6. VITAL STATISTICS

1. Birth rate per 1,000 of population 1949	13.9 (15.2)
2. Death rate (corrected) per 1,000 of population, 1949	11.49 (9.98)

### Comparative Table

Year	Birth rate per 1,000 of Population	Death Rate per 1,000 of Population	
		Crude	Corrected ≠
1938	11.1	15.4	10.3
1939	11.8	16.9	11.3
1940	11.4	20.3	13.7
1941	13.3	20.3	13.7
1942	16.5	21.4	14.4
1943	15.7	23.8	15.9
1944	16.7	21.4	14.3
1945	14.9	18.1	12.12
1946	19.5	16.4	10.98
1947	19.1	16.0	10.72
1948	15.2	14.9	9.98
1949	13.9	16.9	11.49
≠ Factor for		correction 0.68	

In 1949 the crude death rate rose slightly from 14.9 to 16.9 per 1,000, the corresponding corrected death rate being 11.49, as compared with 9.98 in 1948. Of the 1,102 deaths registered 849 or 77% occurred in persons over 65 years of age. Without doubt, in a health resort such as this, a preponderance of elderly people, and particularly females, must be an accepted condition, together with all the problems associated with their care, including a higher crude death rate. Many of the aged in this town come here without relatives or others to care for them as

they grow older and less able to maintain an independent existence. Many are living in considerable poverty and cannot afford to pay for help or to go into private homes. As a result a large amount of accommodation has to be provided either privately, through nursing homes or homes for the aged or boarding houses. In addition, accommodation through various voluntary agencies has been developed most efficiently and to a considerable extent. Finally, under the National Assistance Act, the local authority is developing its own scheme for the reception of the aged in suitable hostels. Fuller information is given in a previous paragraph with regard to this matter.

### DEATHS

The total net deaths registered in Hastings in 1949 were 1,102 of whom 477 were males, 625 females.

Not included were 237 deaths transferred to other districts; included were 75 deaths of Hastings residents occurring elsewhere.

Deaths in Public Institutions were 770, 211 being transferred elsewhere.

There were 35 Coroner's inquests. 64 no inquests.

### AGE AT DEATH

Of the 1,102 deaths, 25 occurred in infants under one year of age, the infantile mortality being 27.7 per 1,000 births.

From 1-5 years of age there was 1 death; from 5-25 years 6 deaths; from 25-45 years 43 deaths; from 45-65 years 178 deaths; and over 65 years 849 deaths or 77 per cent of the total.

A further drop in the birth rate has occurred in 1949 from 15.2 to 13.9 per 1,000 of the population or in numbers from 999 infants to 902, a drop of 97. At the same time the figure for 1949 still shows approximately 150 more infants born than in 1938.

The number of illegitimate births was 69 equivalent to one in every 13 births.

### 3. Main causes of Death.

#### (a) Diseases of the Heart and Blood Vessels.

The total deaths from the various associated causes amounted to 462 or 41.9 per cent of the total deaths.

#### (b) Cancer

The total deaths from cancer were 161 as compared with 140 in 1948. The death rate of 2.4 per 1,000, or one in every 6.8 deaths, remains higher than in the country as a whole, but this can be explained by the high average age constitution of the people living in Hastings.

#### (c) Respiratory Diseases

The total deaths from respiratory complaints were 126. There was no epidemic of pneumonia or influenzal pneumonia during the year, 11 deaths being attributed to influenza.

MATERNITY AND CHILD WELFARE

4.

(a) Infant Mortality

The Infant mortality rate in 1949 with 25 (35) infant deaths in 902 live births (999) was 27.7 (35.0) per 1,000 births compared with a national rate of 37 (39) per 1,000 in the large towns including London.

The main causes of death under 1 year of age were:-

Enteritis	1
Congenital malformation	5
Premature Birth	10
Atelectasis	2
Injury at birth	3
Convulsions	1
Pneumonia (all forms)	1
Other causes	2

The number of stillbirths was 22 (23).

(b) Maternal Mortality

1 death occurred in 1949 as a result of pregnancy and childbirth, the cause of death being ascribed to Myocarditis and Hepatitis, the result of a pregnancy toxæmia. This patient, a primipara, aged 41, attended for ante natal care at a hospital clinic, from commencement of pregnancy. Had previously attended a General Hospital for renal tests for increased blood pressure before becoming pregnant. Caesarean section was performed owing to toxæmia and death occurred 2½ hours after operation.

The figures for the last ten years are as follows:-

Year	Maternal Mortality per 1,000 Births (Hastings)
1940	4.6
1941	4.7
1942	Nil
1943	1.6
1944	Nil
1945	1.3
1946	1.68
1947	Nil
1948	Nil
1949	<u>1.08</u>
Average for 10 years	1.50

(c) Puerperal Pyrexia Regulations, 1939

Total number of cases notified 10 (13).

All the previous arrangements, in co-ordination with the Hospital Management Committee were available, including hospital accommodation, home nursing, provision of consultants, bacteriologists and general investigations etc.



## 7. INFECTIOUS DISEASES

No cases of the following notifiable diseases were reported:-

Smallpox, cholera, plague, typhus fever, relapsing or continued fever, encephalitis lethargica or trench fever.

The following table summarises the incidence of the notifiable infectious diseases during 1949:-

Disease	Total Cases	Admitted to Hospital	Deaths
Diphtheria (including Membranous Group)	3	3	Nil
Erysipelas	21	2	Nil
Scarlet Fever	59	47	Nil
Typhoid Fever ) Paratyphoid B )	2	2	Nil
Puerperal Pyrexia	10	2	Nil
Cerebro-Spinal Meningitis	2	2	Nil
Ophthalmia Neonatorum	Nil	Nil	Nil
Pulmonary Tuberculosis	41	29	11
Other forms of Tuberculosis	6	2	Nil
Poliomyelitis	2	1	1
Polio-encephalitis	Nil	Nil	Nil
Acute Primary Pneumonia	28	-	3
Malaria	Nil	Nil	Nil
Dysentery	Nil	Nil	Nil
Influenzal Pneumonia	1	-	Nil
Measles	620	45	1
Whooping Cough	90	6	1
Food Poisoning	3	Nil	Nil

### REMARKS

#### (a) Scarlet Fever

The incidence was low, 59 cases as compared with 57 in 1948, the cases being on the whole mild and sporadic.

#### (b) Diphtheria

Three cases were admitted to the Isolation Hospital during the year and the diagnosis of diphtheria was made on clinical grounds, although bacteriological confirmation was not forthcoming: one, a girl of 19, and two children ages 6 and 8. Neither of the two children had been immunised against diphtheria.

The incidence and deaths since 1938 are shown in the following table:-

Diphtheria in Hastings

Year	No. of Cases	Deaths
1938	31	3
1939	49	1
1940	28	1
1941	6	Nil
1942	7	Nil
1943	13	Nil
1944	13	Nil
1945	11	Nil
1946	4	Nil
1947	5	Nil
1948	1	Nil
1949	3	Nil

(c) Anterior Poliomyelitis

Two cases occurred within the borough, one a young woman of 19, an acute fulminating bulbar type of the disease which resulted fatally: the other a young man with a mild paresis of back muscles only, contracted in London.

(d) Paratyphoid B

Two cases were notified during the year, one a child of 11 months who was admitted to Pembury Hospital, and eventually diagnosed as having paratyphoid. All the family contacts proved negative and it is not known how the infection was contracted.

The second case, a school girl, is thought to have been contracted away from the County Borough whilst at a residential school.

ISOLATION HOSPITAL

No alteration occurred in the available accommodation.

Borough Sanatorium for Infectious  
Diseases, Hastings - 70 beds.

The responsibility for providing hospital beds for the isolation and treatment of cases of infectious disease rests with the South East Regional Hospital Board. The medical care of the patients continues in the hands of the Medical Officer of Health and his deputy; this most satisfactory arrangement ensures complete control for infectious diseases in Hastings and area, including investigation, diagnosis, treatment and prevention.

The arrangements at the hospital whereby two of the four blocks were to be adapted for the use of chronic cases of tuberculosis were carried through, and in July, 1949, three female cases were admitted, this number being augmented almost at once to seven. In May, 1950, the male block of 17 beds was opened and has worked at full capacity ever since. Both as regards infectious disease and tuberculosis cases, the maximum number of beds

available have not been used owing to severe staff shortage, and it has been necessary at times to select Infectious Disease cases for admission with the greatest care to avoid overstraining the limited facilities available.

The Isolation Hospital still continues to receive patients from the County Borough of Hastings, the Borough of Bexhill, Rural District of Battle and the Borough of Rye, the total population served being between 120,000 and 130,000. The total number of patients admitted during 1949 was 218, the diseases as ultimately diagnosed and distribution being as follows:-

Disease	Hastings	Others
Scarlet Fever	47	36
Diphtheria	3	-
Measles	43	25
Whooping cough	7	-
Mumps	1	1
Chicken-pox	13	1
Poliomyelitis	2	1
Cerebro-Spinal Meningitis	2	-
Pneumonia	1	-
Erysipelas	2	1
Paratyphoid	1	-
Dysentery	2	-
Miscellaneous	19	10
TOTAL	* 143	75

\* including visitors

The Disinfecting Station has remained available for general disinfecting purposes along with the Disinfecting Station at the St.Helen's Hospital. The local Hospital Management Committee has been good enough to co-operate in every possible way as regards the use of St.Helen's Hospital, and if necessary, the Isolation Hospital, for the purposes of the local authority in connection with disinfection and cleansing; the local authority provides the disinfecting staff at the St.Helen's Hospital. Arrangements have now been made for the cleansing of verminous cases etc, at Halton Baths instead of at St.Helen's Hospital.

The Brede Smallpox hospital is now finally closed, and arrangements for the reception of possible smallpox cases have been made on a regional basis. The onus of transporting such cases rest with the local authority Ambulance Service; a routine has, therefore, been devised and protective clothing purchased so that the risk of infection of the ambulance staff shall be minimised as far as practicable.



8. REPORT ON PUBLIC HEALTH BACTERIOLOGICAL WORK

During the year, a branch laboratory of the Central Public Health Laboratory was opened at Brighton; all public health specimens, particularly samples of milk, ice cream, etc., are now dealt with at this new laboratory, relieving in some measure the pressure of work in the hospital laboratory at the Royal East Sussex Hospital, where samples were previously examined. Special arrangements for the transmission of samples by train in the minimum possible time have proved very satisfactory, and the new service works most smoothly.

9. VENEREAL DISEASES CLINIC  
ROYAL EAST SUSSEX HOSPITAL

I am indebted to Dr. Jeral, Medical Officer in Charge for the following statistics relating to new cases of venereal disease occurring within the County Borough boundary in 1949.

No. of new cases gonorrhoea	15 (13)
No. of new cases syphilis	9 (11)
No. of new cases attending found not to be suffering from Venereal Disease	115 (132)
	<hr/>
TOTAL new cases attending -	<u>139</u> (156)

The Health Department co-operates with the Venereal Disease Social Worker as regards defaulters, care and after-care work.

10. TUBERCULOSIS

(a) Register - at the end of 1949 the tuberculosis register contained 728 (712) names.

Males 342 (331), females 242 (251), suffering from pulmonary tuberculosis.

Males 69 (55), females 75 (75), suffering from non-pulmonary tuberculosis.

(b) Notifications and deaths of cases notified in 1949.

Age Period	New Cases Notified				Deaths of Cases Notified			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 - 1 year	-	-	-	-	-	-	-	-
1 - 2 years	1	-	-	1	-	-	-	-
2 - 5 "	1	-	-	-	-	-	-	-
5 - 10 "	-	1	-	2	-	-	-	-
10 - 15 "	-	-	2	-	-	-	-	-
15 - 20 "	2	2	-	-	-	-	-	-
20 - 25 "	4	2	-	1	-	-	-	-
25 - 35 "	14	9	-	1	3	-	-	-
35 - 45 "	5	1	1	-	-	-	-	-
45 - 55 "	10	4	-	-	3	-	-	-
55 - 65 "	5	-	-	-	2	-	-	-
65 - 75 "	3	-	-	-	1	-	-	-
75 upwards	2	2	-	-	1	1	-	-
Totals	47	21	3	5	10	1	-	-
Grand Totals	76 (99)				11 (20)			

(c) Mortality from tuberculosis

Year	Pulmonary	Non-Pulmonary	Total	Rate per 1,000
1938	54	6	60	.93
1939	43	3	46	.69
1940	47	4	51	.88
1941	38	5	43	1.22
1942	35	4	39	1.00
1943	38	6	44	1.21
1944	32	3	35	.91
1945	24	-	24	.49
1946	32	1	33	.55
1947	23	1	24	.38
1948	34	8	42	.64
1949	31	1	32	.5

The downward tendency in both the number of new cases notified and of deaths ascribed to tuberculosis, which was discussed fully in my last report, continues.

(d) Treatment of Tuberculosis

The Chest Clinic held three sessions per week at the Royal East Sussex Hospital, and continues to be the focal point for the investigation and arrangement of treatment of established cases of tuberculosis and for the surveillance of contacts. The clinic was staffed by the Medical Officer of Health and his deputy, acting as agents for the Regional Hospital Board, together with the Tuberculosis Home Visitor of the local authority, who also acts as sister-in-charge of the clinic.

Cases requiring in-patient treatment in hospital or sanatorium are referred to the Regional Hospital Board for provision of the necessary vacancy. The period of waiting for beds has tended to increase slowly since the regionalisation of the sanatoria and hospitals, and now may be as long as four months on the average sanatorium case. Much can and is being done in the interim period by home treatment with rest combined with P.A.S. where indicated, in some instances supplemented by streptomycin therapy.

The work at the Chest Clinic continues to increase yearly, a particularly pleasing feature being the greater number of contacts for examination and of suspected cases for investigation. Although the vast majority of these latter cases prove negative, in tuberculosis as in most other chronic infectious diseases, early diagnosis of infected persons is essential both as regards the ultimate outlook for the individual and for the protection of the public at large.

No. of new patients seen for investigation	355 (429)
No. of contacts	480 (322)
Total attendances	2,173 (2,361)

The closest liaison is maintained between the Chest Clinic and the Rehabilitation Officer of the Ministry of Labour and National Service, with the National Assistance Board, and with the Hastings Voluntary Tuberculosis Care Committee, which continues to do excellent work, although on a necessarily limited scale, in providing help outside the scope of the National Assistance Board and other official bodies.

(c) Public Health (Prevention of Tuberculosis) Regulations, 1925.  
Public Health Act, 1936 - Section 72

No action was taken in 1949

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11. ORTHOPAEDIC SCHEME

The orthopaedic scheme was absorbed under the National Health Service Act by the Hospital Management Committee on the appointed day. It can be stated that all the usual facilities remain available.



12. NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948

The number of premises registered under this Act are two.

13. GENERAL SANITARY ADMINISTRATION

1. Local Acts, Orders, Byelaws, Adoptive Acts.

No additions or amendments were reported in 1949.

2. Public Health Propaganda

The attention of the public was called throughout the year to various health matters of general or local importance by illustrated posters, circulars and pamphlets from the Ministry of Health, papers and articles in the local press and lectures to the general public, among the subjects dealt with being the National Health Service Act, 1946, diphtheria immunisation, maternity and child welfare facilities, (especially in the scheme for milk and vitamins) early treatment of venereal diseases, dietary, the scheme for domestic helps, food poisoning outbreaks, etc.

3. Registration of Nursing Homes

Inspections and supervision by the Medical Officer of Health and deputy were fully maintained. No action was necessary throughout the year under the Act.

Total Nursing Homes registered	-	15
Beds available - maternity		26
others		159

4. Water Supply

I am indebted to the Borough Water Engineer for certain information incorporated below in connection with the queries of the Ministry of Health:

(1) The water supplied for domestic purposes to the Hastings Corporation water area during the past 12 months has been satisfactory both in quality and quantity.

(2) All supplies are piped, bacteriological examinations of the raw water have been made, but these are not taken at regular intervals. All water for domestic use, from the various wells and impounding reservoirs, have been adequately treated and chlorinated. Monthly bacteriological examinations are made of all the treated water entering the distribution system, from the various sources, and usually five samples are taken each month. Samples of treated water from the various sources have also been taken for chemical analysis during the past year.

(3) The water supplied has no plumbo-solvent action.

(4) Should a particular sample prove to be unsatisfactory on bacteriological examination, the cause would be immediately investigated and the condition rectified without delay and further samples would be taken.

(5) The number of dwelling houses supplied is 20,428 made up of houses, bungalows, flats and part houses. This figure includes 745 houses and shops and 58 agricultural houses.

In addition approximately 233 houses outside the Borough of Hastings have piped supplies.

Houses are not supplied from standpipes except in the cases of breakdown or frozen pipes.

The present estimated standing population of Hastings is 65,000.

Recent Chemical Analysis of Sample of Water from Halton Service Reservoir

Appearance - Bright with a slight yellow brown deposit of iron oxide.

Turbidity (Silica scale) - less than 5.

Colour (Hazen) - Faint Yellow brown

Odour - Nil

Reaction pH - 7.1

Free Carbon Dioxide - 18

Electric Conductivity at 20° C. 580

Total solids, dried at 180° C. 390

Chlorine in Chlorides 52

Alkalinity as Calcium Carbonate 170

Hardness : Total 180

Carbonate (Temporary) 170 Non-carbonate (Permanent) 10

Nitrogen in Nitrates 0.80

Nitrogen in Nitrites Less than 0.01

Free Ammonia - 0.056

Oxygen absorbed in 4 hours at 27° C.- 0.55

Albuminoid Ammonia - 0.016

Residual Chlorine - 0.07

Metals - Iron 0.26 Other metals absent.

This sample is practically clear and bright in appearance, neutral in reaction and free from metals apart from a minute trace of iron. The hardness of the water is moderate and it is free from any excess of mineral or saline constituents in solution. It is of very satisfactory organic quality.

These results are consistent with a water which, from the aspect of the chemical analysis, is pure and wholesome in character and suitable for public supply purposes. Its content of free carbon dioxide is, although not excessive, sufficient to indicate some corrosive tendency towards metals such as galvanised iron.



Bacteriological Analysis - 5th July, 1949.

Specimen of water from Tap on main Fairlight Reservoir.

(Sampling bottles are treated to remove free chlorine if this is present at the time of sampling)

Number of Colonies	)	1 day at	2 days at	3 days at
developing on	)	37° C.	37° C.	20° C.
Agar per cc.or ml.in	)	0	0	0

Presumptive				
Coliform Reaction	-	Present in	-	Absent from 100 ml.
Bact.Coli	-	Present in	-	Absent from 100 ml.
Cl.Welchii Reaction	-	Present in	-	Absent from 100 ml.

This is a very satisfactory sample. It is clear and bright in appearance and of the highest standard of bacterial purity consistent with a wholesome water suitable for public supply purposes.

5. Baths Establishments (Swimming and Medical)

During 1949 both swimming baths at the White Rock Baths were open. The sea water is treated with modern filtration and chlorination methods.

The Open Air Swimming Pool at West Marina was also open during the summer of 1949, the sea water being similarly treated.

A system of regular monthly bacteriological examination of the swimming bath water at both baths was instituted, with chemical analyses at intervals. All the results obtained have been most satisfactory, and show that the water is maintained at a high level of purity.

The Medical section at the White Rock Baths, with a qualified attendant, functioned successfully throughout the year, the following baths being available:-

Sea weed, sea water with packs, concentrated brine, sulphur, pine, foam, etc., combined with massage.

The chiropody section has continued to meet a general need. It is combined with electric treatment, where necessary, and exercises.

A high incidence of infective plantar warts in the feet of school children led to a general investigation at the baths: special precautions to prevent spread were adopted and the results have been most satisfactory during the 1950 summer.

These warts were treated at the chiropody department of the Royal East Sussex Hospital, but owing to the congestion there, arrangements were made for their treatment in the chiropody section of the White Rock Baths, an arrangement which effects a saving of time and works most smoothly.

The electro therapeutic department with a complete range of treatments, continued in the previous Turkish baths and spray sections, using the waiting room and the resting room. The question of making definite arrangements under the National Health Service Act, 1946,



in association with the local hospitals, has been discussed with the South East Metropolitan Regional Hospital Board. This would probably include the development of the old plunge bath into a modern deep pool for hydro therapeutic exercises and treatment, together with the use of the electric therapeutic department. The matter is still under discussion. It is hoped eventually that some arrangement may be made, in view of the congestion at the physio-therapy departments of the hospitals, and the accepted value of the deep pool treatment, particularly for certain forms of rheumatic diseases.

#### 6. Drainage and Sewerage

During the year progress continued to be made with a comprehensive sewerage scheme for the Borough. Special attention was given to the provision of the new storm water sewer outfall at Harold Place, in view of the possibility of the recurrence of severe flooding in certain low lying portions of the centre of the Borough, e.g. Priory Street, Middle Street, Station Road and Queen's Road. The Health Department under conditions of flooding gives all possible and speedy assistance with regard to drying of bedding, clothing, carpets and rugs, also any necessary disinfection.

#### 7. Scavenging

Collection and disposal by means of controlled tipping at Pebsham Farm are carried out under the direction of the Borough Engineer. The Health Department co-ordinates in the replacement of defective dustbins and in the investigation of any nuisance or complaints received.

#### 8. Sanitary Inspection of the District.

##### Chief Sanitary Inspector's Summary of Statistics, 1949.

The full details of the table are omitted.

"Housing etc. Work under the Housing Acts occupied, as usual, a considerable proportion of the time of the sanitary staff, although no real programme could be carried out owing to the continued shortage of accommodation. For this reason also, Official Representations for demolition and closing orders were comparatively few in number, being confined to instances where such action was considered imperative. As in previous post-war years, practice was, therefore, limited to (a) execution of repairs following complaint or from information received; (b) abatement of nuisances and conditions prejudicial to health, and (c) investigation of reported cases of overcrowding and other undesirable living conditions with a view to re-housing of the families concerned. In connection with the last, a true picture cannot be obtained until systematic house-to-house inspections are resumed, probably necessitating a corresponding increase in the inspectorial staff.

The housing statistical tables for 1949 are omitted in detail. The following figures, however, may indicate the extent of the work carried out during the year:-

No. of complaints received and investigated	1,898	(1,676)
No. of informal notices served	1,732	(1,142)
No. of informal notices complied with	1,612	(1,081)
No. of statutory notices served under		
Public Health or Housing Acts	48	(45)
No. of statutory notices complied with	25	(39)

The majority of cases in which notices were served relate to the terrace type of property, of which rents are usually controlled and small compared with present-day economic levels. In effect, this means that premises calling for most repairs are those in which the lower rents prevail and which cannot be increased. Usually the houses themselves are not sufficiently defective as to require demolition or closure under the Housing Act: such action would only accentuate the housing problem in any case. Fortunately, the response to the notices served is generally good, although frequently some time elapses for the repairs to be completed, probably for the reason indicated.

A large number of complaints are in respect of the basement or semi-basement flat. These appear to have come more into use in recent years for obvious reasons. Originally designed for use as kitchens and domestic stores, they vary within wide limits, but are, as a rule, below the present-day standard of natural lighting and ventilation, with dampness present to a greater or lesser degree, all of which, particularly the last, being difficult to improve. Not usually being "underground" in a legal sense, each case has been considered on its merits regarding closure, which is the only real answer.

Cases of overcrowding and other undesirable conditions, etc., where re-housing was indicated were referred to the Town Clerk's (Housing) Department, close co-operation with that Department being maintained.

During the year 154 (161) reports were furnished to the Housing Manager to that end, either by the Medical Officer of Health or the Chief Sanitary Inspector. Of these, 44 (70) were in respect of overcrowding: 10 (5) to the living conditions of tuberculous families, and 27 in respect of families having a member or members suffering from ill-health or from physical defects (specially reported upon by the Medical Officer of Health). 40 (48) other reports related to unsuitable living conditions: in the remaining 33 (38) cases it was felt that no special recommendation could properly be made at the present time.

The following information respecting the action taken on these reports is given through the courtesy of the Housing Manager.

- 31 (71) families where overcrowding or undesirable conditions prevailed have been re-housed.
- 6 (8) families specially recommended by the Medical Officer of Health on account of tuberculosis or ill-health have been re-housed.

## 9. Inspection and Supervision of Food.

### (a) Milk Supply of the District.

Retail Purveyors of Milk on register 1949	...	...	22 (30)
Wholesale Traders or Producers 1949	...	...	22 (22)
Producers of Accredited Milk, 1949	...	...	2 (2)
Producers of Tuberculin Tested Milk, 1949	...	...	8 (7)
Purveyors of "Tuberculin Tested", "Accredited", or "Pasteurised" Milk, 1949	...	...	8 (10)
Pasteurisers' Licences to sell milk as pasteurised	...	...	4 (4)
Samples taken under Milk (Special Designations) Regulations 1936-1946	...	...	286 (284)



The following table gives the number of samples taken during the year with the results thereon:-

Designation	No. taken	Methylene Blue Test		Phosphatase Test		Coliform Test	
		Passed	Failed	Passed	Failed	Passed	Failed
Tuberculin Tested	75	72	3	Not applicable		62	13
Accredited	18	17	1	Not applicable		18	-
*Pasteurised	193	162	22	173	11	Not applicable	

Tuberculin tested and Accredited - The reports on the samples of tuberculin-tested and accredited milks, all taken from local producers, compare unfavourably with those of the previous year, particularly as regards the coliform test. All such samples, however, were pursued and investigated at the dairy farms concerned up to the end of September, with satisfactory results.

Pasteurised - The number of samples taken 193 (202) was well maintained; of these, 88 (90) were in respect of milk supplied to schools and school canteens, and it is encouraging to note that a smaller number of unsatisfactory reports were received than in previous years. This may be attributed to the many alterations and improvements to premises and plant completed during the year and/or to more interest evinced by trade personnel resulting from constant visits (224 during the year) by the inspectorial staff. Close co-operation with the Ministry of Food (Milk Quality Division) and the Area Milk Officer continued as before.

(\* 9 samples of pasteurised milk were cancelled, laboratory facilities not being available on delivery of samples)

Raw Milk - 47 samples were taken. Of these 15 (11) were taken for examination for tuberculosis. The remaining 32 were in connection with an outbreak of anthrax in a local dairy herd and formed part of general precautionary measures. All samples taken in both cases were reported negative.

Dairy Farms- The year saw the transfer of duties (hitherto performed by the Council since the Dairies, Cowsheds and Milkshops Order of 1885 if not before) to the Ministry of Agriculture and Fisheries, who thus became responsible for the sanitary conditions, including water supply, improvements to buildings etc., together with the supervision of production, cooling, storage and the like, at the premises concerned. Matters relating to the health of the herds had already been transferred to the Ministry following the passing of the Agricultural Act of 1937. In effect, therefore, the Council ceased to have any direct voice in these important matters, which have before formed an important part of local public health work, as detailed in previous reports to the Council.

Notwithstanding the impending transfer, however, inspections (302 in all) of the premises continued until the appointed day, namely, 1st October, the usual standard of cleanliness being well maintained.



(b) Meat Inspection

Slaughtering continued at the Slaughterhouse, London Road, St. Leonards, under the control of the Ministry of Food, as in previous years, the premises serving the County Borough of Hastings, the Boroughs of Bexhill and Rye, and the Rural District of Battle. As will be seen by the following table, there has been a fairly large increase, except in the case of calves, of animals slaughtered, thereby adding considerably to the work of inspection.

Year	Carcases Inspected				
	Cattle (excluding cows)	Cows	Calves	Sheep	Pigs
1939	534	228	829	3,763	3,024
1940	1,962	1,296	1,450	10,222	3,234
1941	1,659	784	1,266	7,333	3,097
1942	1,585	704	1,764	9,227	1,134
1943	1,732	671	2,620	10,464	700
1944	1,970	775	2,716	7,936	461
1945	2,329	869	3,487	4,995	1,114
1946	2,703	1,023	2,991	7,412	385
1947	2,083	735	2,526	6,590	315
1948	2,174	579	2,219	4,519	196
1949	2,778	740	1,793	6,925	423

The alterations and improvements to the premises, strongly pressed so long ago as 1948, were largely completed at the end of the year. Even so, however, it is fair to say that they remain too small in size for the volume of slaughtering done, quite apart from their unsuitable position and the most that can be said of the alterations and improvements is that they probably represent the best that can be made of antiquated and insufficient premises.

All carcases of animals slaughtered were examined at or soon after slaughter by a Sanitary Inspector, the examination being conducted in accordance with Memo 62/Foods, as amended. Disease generally met with in practice is Tuberculosis, usually in a localised form. Parasitic conditions affecting offals are of general occurrence.

It may be of interest that cases of *Cysticercus Bovis* a parasitic condition transmissible to man were found in the musculature of cattle in the course of the year's work, full particulars being forwarded to the Ministry of Food, as desired.

Details of the inspections made and action thereon are as follows:-

Carcases Inspected and Condemned.

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed (if known)	2,778	740	1,793	6,925	423
No. inspected	2,778	740	1,793	6,925	423
<u>All diseases except Tuberculosis</u>					
Whole carcasses condemned	3	6	6	13	7
Carcasses of which some part or organ condemned	1,428	244	4	312	21
Percentage of the number affected with disease other than tuberculosis	51.50	33.78	.5577	4.693	6.621
<u>Tuberculosis only</u>					
Whole carcasses condemned	14	24	1	-	1
Carcasses of which some part or organ condemned	555	162	-	-	2
Percentage of the number affected with tuberculosis	20.47	25.14	.05577	-	.7092

(c) Ice Cream

No. of premises registered for manufacturing	...	13 (12)
No. of premises registered for sale only	...	126 (74)
No. of samples taken for bacteriological examination		79 (77)
No. of samples taken for fat content analysis	...	74

The bacteriological samplings from manufacturers resulted in 63 per cent passing the methylene blue test (Grades I and II).

A new feature during the year, instituted at the request of the Ministry of Food, was the taking of samples for fat content analysis, additional supplies of sugar, and in certain cases fats, being made available to manufacturers by the Ministry. To ensure that these materials were being used to the best advantage, manufacturers availing themselves of these arrangements undertook that there would be a minimum fat content of  $2\frac{1}{2}$  per cent in their products. Whilst this minimum could not be interpreted as a legal standard, it provided at least a measure by which reports on samples could be checked. Actually of 74 samples taken for this purpose, 5 only did not reach the required minimum. Fat contents varied between 10.8 per cent and 1.8 per cent; 47 samples contained 5 per cent and over. All results were, as a matter of routine, forwarded to the Ministry as soon as possible.

Numerous applications were received from persons wishing to retail only, and 52 additional premises were registered for this purpose during the year. Considerable attention was paid to the risks of contamination arising from utensils, particularly the "servers". Proprietary germicidal rinses appear increasingly popular, and it may well be that the increasing employment of such will contribute greatly to the elimination of risk attendant upon the standing of "servers" in cooling water, and in other directions.



The following table summarises the results of the samples taken:-

Bacteriological Examination

No of Samples taken	Reported Grade I	Reported Grade II	Reported Grade III	Reported Grade IV
79	29(36.7%)	21 (26.5%)	21 (26.5%)	8 (10.1%)

Fat Content Analysis

Below 2.5%	2.5-3%	4%	5%	6%	7%	8%	9% and over
5	15	7	12	17	6	6	6

(d) Shops Act, Inspection of Foodstuffs, Restaurants, etc.,  
Pharmacy and Poisons Acts, 1852-1933  
Merchandise Marks Acts, 1887-1926

Shops Acts - The inspection of shops and the enforcement of legislation affecting them (re-commenced in May, 1948) was continued during the year, considerable progress being made regarding improvements in sanitary accommodation, lighting, heating and the like at premises concerned. Observations were also made on Sundays, early closing days and during the evenings to enforce closing hours and with regard to Sunday trading. The following are brief particulars of the work done:-

510 shops inspected and recorded  
 1,032 shops re-visited  
 682 contraventions found and notices issued: of these  
     35 were outstanding at the end of the year.  
 17 premises were provided with heating facilities.  
 22 premises provided with washing facilities  
 31 premises had additional ventilation provided.  
 38 shops were re-painted and re-decorated.  
 5 premises had additional sanitary accommodation provided.

The register of shops was largely completed at the end of the year, a total number of 1707 shops being registered, and incorporated in these are the following trades:-



Bakers	61	Lending	
Booksellers	61	Libraries	43
Boots & Shoes:		Licensed	
Repairs	66	Premises	133
Sales	35	Off-licences	60
Butchers	60	Milk Bars	2
Chemists:		Music Dealers	6
Dispensing	31	Outfitters:	
Drugs etc.	17	Men	26
Cafes &		Women	60
Restaurants	173	Petroleum	40
Cars & M/cs.	49	Photographers	20
Cycles.etc.	19	San.Engineers	12
China & Glass	28	Sports	
Coal & Fuel	31	Outfitters	8
Corn & Seed	18	Stationers	160
Dairies	22	Newsagents	56
Confectionary	294	Tailors	20
Drapers	55	Toys	90
Florists	26	Paint &	
Electrical	32	Wallpaper	27
Fishmongers	41	Watches &	
Fried Fish	30	Clocks	23
Fruit &		Radio	32
Vegetable	219	Ice Cream	
Provision shops	298	Vendors etc.	126
Hairdressers:		Tobacconists	241
Men	36	Sub-Post	
Women	47	Office	19
Health Foods	2	Haberdashery	34
Herbalists	6	Fancy Goods	99
Ironmongers	38	Baby	
Jewellers	37	Carriages	6
Launderers	7	Furniture	51
		General Stores	26

Restaurants, cafes etc., - Inspections of these premises were intensified during the year, particularly in connection with the movement inaugurated by the Department towards the adoption of improved and more careful methods in the preparation, storage, etc. of food. Forming part of the latter, lectures to, and informal talks with trade and other organisations were held, a good deal of interest being evinced. Possibly as a result of these numerous requests for technical advice and assistance were received, resulting in many premises being re-designed with substantial improvements, invariably more than could be legally required. The standard of cleanliness throughout is comparatively high, and it is pleasing to record the ready co-operation of the trades to achieve what is a common end.

The following may perhaps give some idea of the scope of the work carried out:-

No. of inspections made	2,299
Premises provided with constant hot water supply	161
Premises re-designed and structurally altered	15
Premises repainted and redecorated	137
Premises provided with additional sinks and ablution facilities	41
Premises in which ventilation has been improved	37
Premises in which lighting has been improved	17

Pharmacy and Poisons Acts - Inspections were co-ordinated with the Shops Acts inspection and numbered 92 (76).74 (61) notices were served in respect of contraventions noted (including unlicensed sale of poisons, non-labelling of bottles), all being rectified by the end of the year.

Merchandise Marks Acts- 180 (118) inspections were made, and 54 (43) notices (relating principally to the labelling of tomatoes) were served and complied with.

No. of Inspections	Contraventions found	Informal notices		
		Served	Complied with	Outstanding
180	54	54	54	Nil

(c) Food and Drugs Act, 1938

During the year 230 (175) samples were taken and submitted to the Borough Analyst at the Laboratory, Lewes. Of these 2 samples were reported on adversely.

Particulars of action taken in the 2 unsatisfactory samples are as follows:-

Sample No.	Article sampled	Report of Public Analyst	Remarks and action taken
2312	Imported Crab Paste	"Meat Content 48.0% Preservatives absent This sample is deficient in 'meat content' 31.4%."	Informal sample. Stock sold when report of Public Analyst received. Reported to Ministry of Food by Town Clerk.
2410	Bread	Contained pieces of cigarette	Reported to Public Hygiene Committee. Legal proceedings pending at end of year.

10. Factories Acts 1937 and 1948

<u>Part I</u>	Total on Register	396
	Inspection of factories, etc.	134 visits (153)
	No. of informal notices served	24 (30)
	No. of informal notices complied with	21 (19)
	Defects found	26
	Defects remedied	21
	Defects referred to H.M. Inspector	Nil
<u>Part VIII</u>	Out work	...
		...
		Nil

11. Rodent Destruction

The work in connection with the eradication of rodent and other pests, intensified during recent year, was continued with the usual vigour, particularly in conjunction with the "clean food" campaign, and complaints. The requirements of the Ministry of Agriculture and Fisheries were also fully carried out. Work done during the year is briefly summarised as follows:

(a) Corporation sewers - Two maintenance treatments were carried out in the manner recommended by the Ministry. A large number of poison baits were taken on each occasion, indicating that satisfactory results had been achieved.

(b) Complaints - Complaints received numbered 1,046, compared with 796 for the previous year; of these 460 were in respect of rats, (including 12 major infestations and 583 in respect of mice (with 3 major infestations). The remaining 3 complaints were not substantiated.

The increase in the number of complaints appears to indicate that the necessity for dealing with the pests is realised more than before; it should not be assumed that the rat population is increasing.

(c) Private Dwellings - Special Scheme 1948/9 - Work under the Ministry Scheme was continued. As a result, a further 171 (309) premises were found infested (1 major) and dealt with.

(d) Hotels, Restaurants, etc. - Regular monthly visits, and, if necessary, treatment on payment of the Council's charges, were made to these premises, and an increased number of proprietors (62 compared with 45 for the previous year) availed themselves of the services of the Department. School canteens, British Restaurants, hospitals, special schools, etc., were also included in these arrangements, which are becoming increasingly well known and appreciated by those concerned, particularly in view of the campaign for a higher standard of hygiene.

(e) Other Pests - The work of the staff continued to embrace eradication of other pests on payment in food-preparing and other premises, these being dealt with including cockroaches, flies, mites, wasps and the like. Cases dealt with numbered 173 for the year (76).

(f) Charges made - Charges made during the year amounted to £274.13.6d compared with £145.13.6d for the previous year.

12. Disinfestation of Council Houses and Other Premises.

Council Houses	2 (Nil)
Other Premises	46 (20)



### 13. Disinfecting and Cleansing Station

Disinfection of clothing and bedding for municipal purposes has continued to be carried out mainly at the Disinfecting Station St.Helen's Hospital, and, if necessary, occasionally at the Isolation Hospital for Infectious Diseases.

The cleansing of verminous persons and the treatment of scabies has been mainly carried out at St.Helen's Hospital, as an Out-patient department. This policy was approved and recommended by the Ministry of Health, in view of the present stringencies of labour and building materials. The South East Metropolitan Regional Hospital Board and the Hospital Management Committee (Hastings Group) have kindly agreed to co-operate. The eventual provision of an ad hoc central Disinfecting and Cleansing Station in the neighbourhood of the Isolation and St.Helen's Hospitals has not been lost sight of and it is hoped that a suitable site may be reserved in the Town Planning Scheme. The Disinfecting Station would also be available for the purposes of the Hospital Management Committee. Plans have been completed for a small disinfection centre for scabies and pediculosis at Halton Baths, as an interim measure.

It should be emphasised, however, that since the war the incidence of scabies, now inconsiderable, has steadily lessened, and in the case of school children patients are now treated at home where conditions are satisfactory. Severe verminous cases of the type previously not uncommon are almost unknown. The amount of disinfection of clothing and bedding in connection with notifiable infectious diseases has also been considerably reduced.

Articles disinfected	5,204	(5,270)
Rooms etc. disinfected	174	(303)
No. of individuals cleansed for vermin	Nil	(3)
No. of individuals cleansed for scabies	6	(104)
No. of baths for scabies	18	(269)
Sets of clothing disinfected	6	(104)

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### 14. METEOROLOGY

The tables have been filed for future reference.

